

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038627

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 84

FILED SEP 24 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Taney</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
11060	1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>	Length of stay in 1b	c. CITY OR TOWN <u>Ridgedale</u>
21060		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Memorial</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u>
3		3. NAME OF DECEASED (Type or print) <u>THOMAS MCCORD CURBOW</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>9</u> Year <u>1963</u>
4 0		5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
5 1	1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>schoolteacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <u>3/20/1878</u>
6		11. BIRTHPLACE (City and state or country) <u>Missouri (Galena)</u>		9. AGE (last birthday) <u>85</u>
7 0		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		IF UNDER 1 YEAR Months Days Hours Min.
8 2		13a. FATHER'S NAME <u>Joseph Curbow</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Curbow</u>
9331X	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Tommy Curbow Hollister, Mo.</u>
10		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Atherosclerosis</u> DUE TO (b) <u></u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH
11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12 1-0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
13 1-0	1	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u></u>
		21. I attended the deceased from <u>9/9/63</u> to <u>9/9/63</u> and last saw him alive on <u>9/9/63</u> Death occurred at <u>8:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Roy Lillie MD</u> (Degree or title)
		22b. ADDRESS <u>Branson Mo</u>		22c. DATE SIGNED <u>9/17/63</u>
	1	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/12/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Goodall Cemetery</u>
		23d. LOCATION (City, town, or county) <u>Blue Eye, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-19-63</u>
	1	24. FUNERAL DIRECTOR <u>Holt Chapel Harrison, Ark.</u>		26. REGISTRAR'S SIGNATURE <u>Helena Campbell</u>
		25. DATE RECD. BY LOCAL REG. <u>9-19-63</u>		

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 1061

P. O. Address Union, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.